PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number 10/702,480

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				385 00	OR		790 00
TOTAL CLAIMS (37 CFR 1.16(c))	3	minus 20 =	x 25.		OR	x 50.	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1	minus 3 =	x 100.		OR	x 200.	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ 180.		OR	+ 360	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A 12/5/06

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDITIONAL FEE
Total (37 CFR 1.16(c))	4	Minus	** 20		x 25		OR	x 50	
Independent (37 CFR 1.16(b))	1	Minus	*** 3		x 100		OR	x 200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 180		OR	+ 360	
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

AMENDMENT B   RCB   4/26/07

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	6	Minus	** 20	0	x $.		OR	x $.	
Independent (37 CFR 1.16(b))	3	Minus	*** 3	0	x $.		OR	x $.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $.		OR	+ $.	
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

AMENDMENT C   10/3/07

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	7	Minus	** 20		x $.		OR	x $.	
Independent (37 CFR 1.16(b))	1	Minus	*** 3		x $.		OR	x $.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $.		OR	+ $.	
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.